

Alcimedea

At last, what Alcimedea believes to be the first randomised controlled trial (*Addiction* 2006;101:1752–9) addressing the efficacy of dihydrocodeine versus methadone as an alternative maintenance treatment for opiate dependence has been published. Forensic physicians have a wealth of experience using dihydrocodeine for the management of opiate withdrawal in police custody – an environment where diversion of tablets should not be an issue. But dihydrocodeine remains unlicensed in the UK for the treatment of opiate dependence. The authors conclude in this trial that dihydrocodeine is a viable alternative to methadone as maintenance treatment for opiate dependence. They looked at retention in treatment as a primary outcome measure but there were also improvements in secondary outcomes such as total illicit opiate use, reported crime, physical health, mental health, injecting drug use, overdoses, selling drugs and being in education or work.

In 1989, Joseph Wesbecker shot dead eight people and injured 12 others before killing himself. He had been taking the SSRI antidepressant fluoxetine for 4-weeks before these killings, and this led to legal action against the manufacturers in the United States. The case was tried and settled in 1994. Subsequent legal cases have further raised the possibility of a link between SSRIs and violence. A review that pulls together data presented to regulatory agencies; prescription-event monitoring studies in the UK; legal cases in which the authors have given evidence; and e-mails from over a thousand patients in response to a BBC programme on paroxetine makes disturbing reading (*PLoS Med* 2006;3(9):e372 available at www.plosmedicine.org). It seems that the incidence of hostile events ranges from about 0.5% to 2.5% of patients on SSRIs and the authors suggest that the greatest risk of such events is during the first month of treatment. Possible mechanisms linking antidepressants to such adverse behavioural outcomes include akathisia, emotional disinhibition, emotional blunting, and manic or psychotic reactions to treatment. The issues highlighted by this review require further urgent evaluation. Although serious violence on antidepressants is likely to be very rare, doctors need to be aware of the issues.

The Australian National Council on Drugs (www.ancd.org.au) has produced a position paper on methamphetamines. Almost 1 in 10 Australians have tried methamphetamines at least once, and around half a million have used it in the past year. Fatalities from methamphetamine use are not common and appear less likely than for heroin use. However, methamphetamine does increase the risk of stroke and cardiac failure and, of particular concern, can induce a brief toxic psychosis characterised by persecutory delusions and hallucinations. Presentation often involves severe

agitation; can require chemical and physical restraint; and, in some cases, police intervention is necessary.

Her Majesty's Crown Prosecution Service Inspectorate has recently produced a report "Without Consent" (www.insepctorates.homeoffice.gov.uk/hmic) on the joint review of the investigation and prosecution of rape offences. This follows on from a previous report in 2002. Once again it was noted that there was little consistency in the way FPs were "employed" and the growing trend to outsource these services was noted. Problems occurred with the availability of FPs (particularly paediatricians), delays in examinations, varying levels of expertise and wide disparities in levels of service offered. Standards of medical examination facilities were also found to be widely variable, despite a previous recommendation in 2002 that they be reviewed.

There has been surprisingly little research on factors that effect vaginal length, so the findings of a study that sought to identify associations between total vaginal length (TVL) in 3247 women and various demographic and physical characteristics makes interesting reading (*Am J Obstet Gynecol* 2006;195:1846–50). Average TVL in the study group was 9.4 cm (range 4–13 cm). The researchers found a positive association with height and weight, such that 1 m of height and 10 kg of weight increased average TVL by 0.09 cm and 0.02 cm, respectively. Hysterectomy resulted in an average shortening in TVL of 0.63 cm, whereas the menopause is associated with a 0.17 cm reduction in total vaginal length. It is not clear what, if any, clinical significance these observations may have but, as the changes associated with ageing and surgery are relatively small, it seems unlikely that they would have any significant effect on functions that are related to vaginal length.

The use of oral fluid to detect drugs has potentially wide applications. Recent examples include providing a non-invasive specimen for testing of possible drug affected drivers and also for workplace testing following a safety incident to check for possible drug use. Forensic physicians will find useful a recent review (*Clin Biochem Rev* 2006;27(3):147–59) that focuses on the developments over the past 10 years including the difficulties associated with this form of testing. A dry mouth is relatively common and can be caused by the anxiety of the collection procedure or even by lack of proper hydration of the individual. A number of drugs are known to affect the secretion of oral fluid. Amphetamines, cannabis, antipsychotic and anticholinergic drugs, sedating antihistamines and antidepressants tend to reduce oral secretions. Whereas clonidine and beta-2 stimulants such as salbutamol and terbutaline increase flow.